

Winston Adams  
National Stage Process  
Patent Specialist  
(703) 305-8421

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088020

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	1		1			
TOTAL DEP.	14		14			
TOTAL CLAIMS	15		15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS